

## City of Lakewood Division of Municipal Income Tax

12805 Detroit Ave Lakewood, OH 44107





## Business Income Tax Registration —Please Complete and Return Within Five (5) Days—

Firm Name:	
DBA: Local Street Address of Business:	
	Zip:
Business Phone:	Business Fax:
Nature of Business:	
rtatare or Bacineous.	
Have you previously had an Income Tax account Yes No	with the City of Lakewood, Ohio?
If Yes, please indicate the account number (SSN	or EIN):
Date you started business within our city/_ Date you first had employees within our city Approximate monthly payroll amount \$ If you are using a payroll service, indicate which o	_//
If you would like your tax returns mailed to an accubelow.	counting firm or payroll service, please indicate
Name:	Phone:
Address:	
President:	Fiscal Year End: Vice President:
Address of Home Office:Subsidiary Of:	
Partnership: Federal ID No	Fiscal Year End:
Name: SSN:	Address:
Name: SSN:	Address:
Name:SSN:	Address:
If more than three (3) partners, please at	
Sole Proprietorship: Federal ID No. or Son Name of Owner: Home Address: Phone:	
Withholding employment tax only	
Withholding residence tax only	
Withholding both employment and residen	ice tax